



October 04, 2018

Mr. Vincent Davis  
State Agency Director  
Tennessee Department of Health  
710 James Robertson Parkway  
Nashville, TN, 37243

Dear Mr. Davis,

The Tennessee Department of Health Healthcare Associated Infections and Antimicrobial Resistance group is within Communicable and Environmental Diseases and Emergency Preparedness division with the mission to eliminate preventable healthcare associated infections across all healthcare settings. Antibiotic stewardship is a key component of combating antibiotic resistance and preventing patient harm. We have an established history of collaborating with internal and external partners including Tennessee Healthcare Association and their members.

The Tennessee Department of Health (TDH) Healthcare Associated Infections and Antimicrobial Resistance group respectfully requests a grant of \$21,125 for a 14 month membership to the National Quality Forum which will allow us to purchase 500 discounted digital copies of the recently published National Quality Partners Playbook: Antibiotic Stewardship in Post-Acute and Long-Term Care.

According to the Centers for Disease Control and Prevention, up to 70% of residents in long-term care facilities receive an antibiotic each year. A significant proportion of these are unnecessary and up to 75% are prescribed inappropriately. Unnecessary prescribing, for asymptomatic bacteriuria for example, not only leads to patient harms including adverse medication reactions and *Clostridium difficile* infections but also increases the prevalence of difficult to treat antibiotic-resistant infections. These infections can be spread between residents and lead to hospitalizations and significant morbidity and mortality. The CDC recommends adoption of the 7 core elements for antibiotic stewardship in nursing homes to optimize antibiotic prescribing and decrease morbidity associated with poor prescribing. The Centers for Medicare and Medicaid Services (CMS) conditions of participation now require facilities to have an antibiotic stewardship program that includes antibiotic use protocols and a system for monitoring antibiotic use. The current CMS website offers a toolkit from the Agency for Healthcare Research and Quality (AHRQ) and a link to CDC's Core Elements of Antibiotic Stewardship for Nursing Homes (<https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/QAPI/qapiresources.html>). These programs are evaluated based on the 7 core elements: leadership, accountability, drug expertise, action, tracking, reporting, and education. Based on unpublished Infection Control Assessment and Response programs (ICARs) done by our staff at 37 Tennessee LTC facilities, less than 14% of facilities who participated in the ICARs had programs that met all 7 core elements.

Recently the National Quality Forum (NQF) published a resource titled "National Quality Partners Playbook for Antibiotic Stewardship in Post-Acute and Long-Term Care." The purpose of



this playbook is to assist facilities in implementing a comprehensive antibiotic stewardship program that meets the requirements from CMS. The book was compiled with input from over 50 key experts and offers practical strategies and useful resources for implementing high-quality antibiotic stewardship programs in long-term care facilities nationwide. This playbook comes after the success and great reception of the playbook for the acute care setting. Unlike the playbook for acute care which was free, the LTC version costs \$80 per copy without a membership discount. More information on the long-term care playbook can be found here:

<https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-antibiotic-stewardship-in-post-acute-and-long-term-care-1> .

If funded, TDH HAI/AR group will secure a 14 month membership to the National Quality Forum, with access to variety of tools and resources as well as a member discount to purchase the playbooks. There are currently 315 facilities in the state of Tennessee; TDH proposes to purchase 500 playbooks to distribute digitally to consultant pharmacists and medical directors or stewardship champions amongst facilities statewide. These key members of long term care facilities will be responsible for implementing interventions from the NQP Playbook to address their programs' specific areas for improvement. In order for facilities to receive playbooks they will be required to complete surveys evaluating their stewardship program and practices before and after they receive the playbook **and** engage in one of the various prevention opportunities offered by the TDH HAI/AR group. Prevention opportunities include, but are not limited to: tracking of antibiotic use via the TDH antibiotic point prevalence survey, speaking engagements targeting LTC medical providers, and technical assistance for NHSN enrollment and assistance with long term care definitions. All programmatic costs, including staff time and other project activities are fully funded by other federal cooperative agreements. This request for funding is for the 14 month membership and the playbooks themselves. The playbook, in combination with TDH's guidance will provide guidance and tools for establishing or strengthening antimicrobial stewardship programs. The timeframe of the project will be over the course of one year where their stewardship program will be evaluated before access to the playbook, utilizing a REDCap survey (see survey attachment) to evaluate the current state and needs of their program. One year later, facilities will retake the survey to show how the playbook has helped them to establish or improve their stewardship program. TDH will provide an aggregate of baseline data and display change over time. Based on facility results, TDH will work closely in assisting with interventions and provide additional guidance as needed for successful implementation. With funding through CMP, facilities across the state of Tennessee will be able to utilize this resource to improve the quality of life/quality of care of nursing home residents and allow facilities to meet regulations established by CMS.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Kainer'.

Marion Kainer  
Director, HAI

A handwritten signature in black ink, appearing to read 'C. Adre'.

Cullen Adre  
Project Leader

A handwritten signature in black ink, appearing to read 'P. Talley'.

Pamela Talley  
Deputy Director, HAI

# REQUEST

Date of Application:      /      /       
MM DD YYYY

## PART I: Background Information

Name of the Organization: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

CMS Certification Number, if applicable:   -

Medicaid Provider Number, if applicable:   -

Name of the Project Leader: \_\_\_\_\_

Address: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_

Telephone Number:    -    -

Mobile Number:    -    -

Have other funding sources been applied for and/or granted for this proposal?  Yes  No

If yes, please explain/identify sources and amount.

\_\_\_\_\_  
\_\_\_\_\_

**PART II: Applicable to Certified Nursing Home Applicants**

Name of the Facility: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone Number:    -    -

CMS Certification Number:   -

Medicaid Provider Number:   -

Date of Last Recertification Survey:      /      /       
MM DD YYYY

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_



Date of Last Complaint Survey:      /      /       
MM DD YYYY

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_

Currently Enrolled in the Special Focus Facility (SFF) Initiative?    
Yes No

Previously Designated as a Special Focus Facility?    
Yes No

Participating in a Systems Improvement Agreement?    
Yes No

Administrator's Name: \_\_\_\_\_

Owner of the Nursing Home: \_\_\_\_\_

CEO Telephone Number:    -    -

CEO Email Address: \_\_\_\_\_

**REQUEST, cont.**

Name of the Management Company: \_\_\_\_\_

Chain Affiliation (please specify) Name and Address of Parent Organization: \_\_\_\_\_

Outstanding Civil Money Penalty?  Yes  No

Nursing Home Compare Star Rating: \_\_\_\_\_ (can be 1, 2, 3, 4 or 5 stars)

Date of Nursing Home Compare Rating: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership?  Yes  No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

**NOTE:** The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

### Part III: Project Category

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation

**REQUEST, cont.**

- Training
- Resident Transition due to Facility Closure or Downsizing
- Other: Please specify \_\_\_\_\_

**Part IV:  
Funding Category**

Please specify the amount and place an "X" by the funding category.

Amount Requested: \$ 21,125

- \$2,500 or less
- \$10,001 – \$25,000
- \$2,501 – \$5,000
- \$25,001 – \$50,000
- \$5,001 – \$10,000
- Over \$50,000

**Part V:  
Proposed Period of Support**

**From:** 04 / 01 / 2019 (e.g. 06/01/2010)    **To:** 04 / 01 / 2020 (e.g. 12/01/2010)  
MM    DD    YYYY

**Part VI:  
Purpose and Summary**

*BDall* 

*Chair*

**PROJECT TITLE**

Include a cover letter to the State Agency Director with the application. The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of funding that you are requesting, the population it will serve, and the need it will help solve. Make a concerted effort to bring your project to life in the cover letter and actively engage the reader.

**ATTACHMENT 2**  
**GRANT BUDGET**  
(BUDGET PAGE 1)

<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2019 and ending March 31, 2020.</b>				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$6,125.00	\$0.00	\$6,125.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$15,000.00	\$0.00	\$15,000.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$21,125.00</b>	<b>\$0.00</b>	<b>\$21,125.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
**(BUDGET PAGE 2)**

SALARIES	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
National Quality Forum Membership Dues	\$6,125.00
ROUNDED TOTAL	\$6,125.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00



## **Key Personnel Job Descriptions**

Cullen Adre

Responsible for creating survey tools in REDCap to evaluate facilities' current stewardship programs and practices before and after receiving the NQP Playbook. Data analysis will include aggregate of baseline data and tracking of progress over time. Feedback to participating facilities will be provided regarding opportunities for improvement of their stewardship program. Expert consultation will be provided to enhance stewardship programs for individual facilities, including tracking of antibiotic use by voluntary reporting to the TDH antibiotic point prevalence survey.

Pamela Talley

Will serve as medical consultant and subject matter expert as well as liaison between the National Quality Forum and Tennessee Department of Health. This may include speaking engagements targeting LTC medical providers, attending national meetings, overseeing healthcare-associated infections staff members involved in the proposed project, and networking through NQF to obtain resources to help LTCFs across Tennessee.

Vicky Reed

Responsible for distributing electronic playbooks to consultant pharmacists, medical directors or stewardship champions in long term care facilities statewide. Will recruit facilities for participation in various prevention opportunities and collaborative offered by the TDH HAI/AR group. This may include encouraging and providing technical assistance for NHSN enrollment and assistance with long term care definitions.

### **Biographical Sketches for Key Personnel**

Cullen Adre, PharmD:

Dr. Cullen Adre is a pharmacist with the Healthcare Associated Infections and Antimicrobial Resistance Program within the Communicable and Environmental Diseases and Emergency Preparedness Division at the Tennessee Department of Health. He received his Doctor of Pharmacy degree from Nova Southeastern University of Pharmacy in Fort Lauderdale, Florida and completed his pharmacy practice residency at Oklahoma State University Medical Center in Tulsa, Oklahoma. His research interests include the clinical impact of antimicrobial stewardship programs and antibiotic use and resistance tracking specifically in long term care facilities.

Pamela Talley, MD:

Dr. Talley is the Deputy Director of the Healthcare Associated Infections and Antimicrobial Resistance Program within the Communicable and Environmental Diseases and Emergency Preparedness Division at the Tennessee Department of Health. She is a family medicine trained physician and healthcare epidemiologist who served as an Epidemic Intelligence Service Officer for the Centers for Disease Control and Prevention and was stationed at the Minnesota Department of Health. She now serves as the Deputy Director of the Healthcare Associated infections and Antimicrobial Resistance Program within the Communicable and Environmental Disease and Emergency Preparedness Division of the Tennessee Department of Health in Nashville, Tennessee. Dr. Talley received her medical training at the University of Rochester School of Medicine and Dentistry, her family medicine training at the University of Iowa Hospitals and Clinics where she was chief resident, and her Masters of Public Health in Epidemiology at the Colorado School of Public Health. She is a member of the Society for Healthcare Epidemiology of America (SHEA) and the Council of State and Territorial Epidemiologists (CSTE) where she serves as a member of the CSTE Drug Diversion Workgroup which aims to increase awareness and response nationally to drug diversion in healthcare settings. Starting in 2019, she will serve as a board member of the International Health Facility Diversion Association.

Vicky Reed, RN:

Vicky Reed is a Public Health Nurse Consultant II with the Healthcare Associated Infections and Antimicrobial Resistance Program within the Communicable and Environmental Diseases and Emergency Preparedness Division at the Tennessee Department of Health. She received her Associate of Applied Science Degree from Piedmont Virginia Community College in Charlottesville, Virginia. She worked on the CDC Nursing Home Healthcare-Associated Infections and Antimicrobial Use Prevalence Survey (NHPS)-2017. She is currently working with Long Term Care Facilities (LTCF) on enrollment into the National Healthcare Safety Network (NHSN).

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## GENERAL ASSURANCES

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*Assurance is hereby provided that:*

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
  - a. The laws of the State of Tennessee;
  - b. Title VI of the federal Civil Rights Act of 1964;
  - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
  - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
  - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
  - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

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### CERTIFICATION/SIGNATURE

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I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.

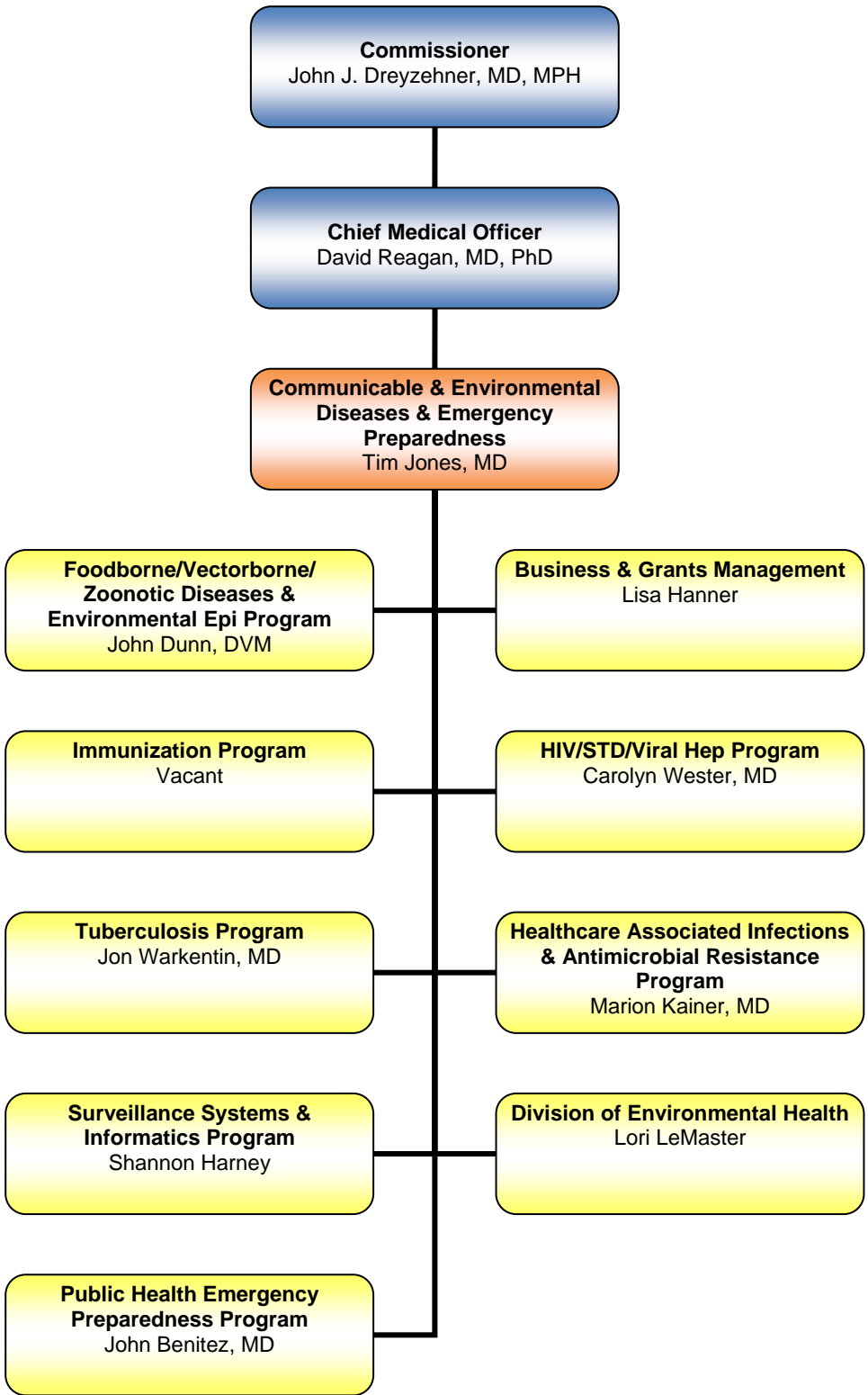
*Carrie Dawson Holt*

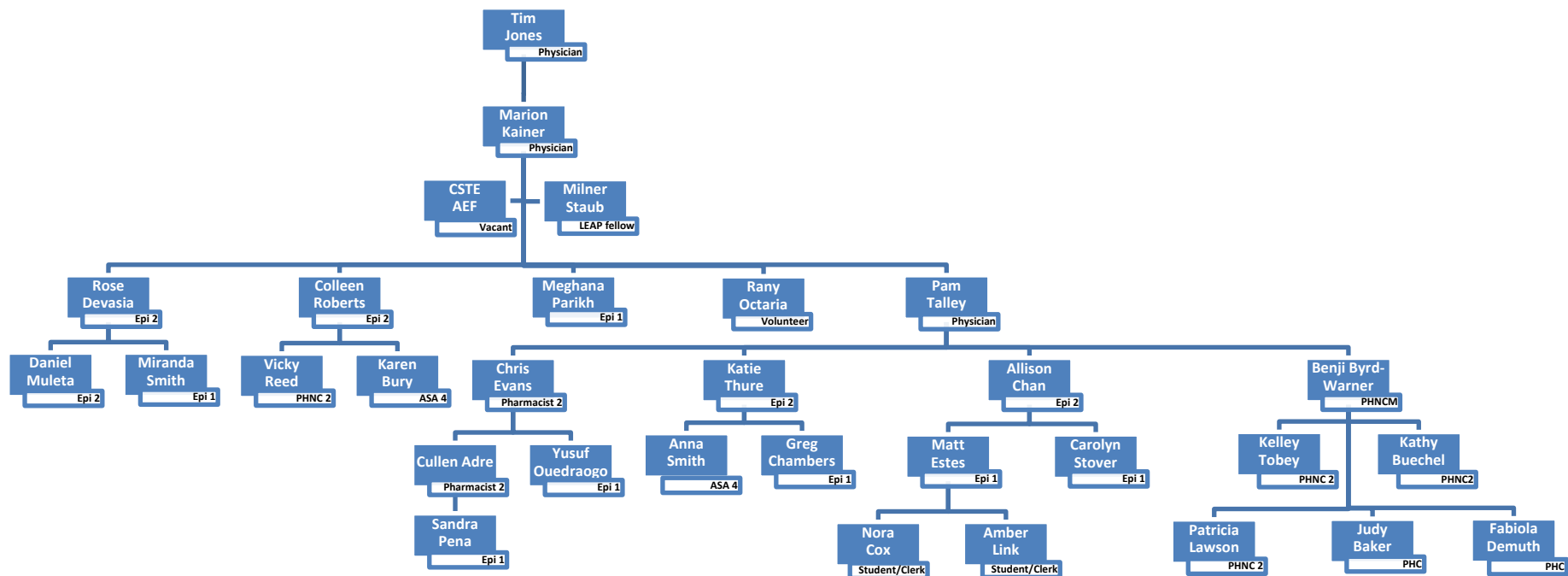
Signature of Applicant Agency Administrator

*10/25/18*

Date Signed (Month/Day/Year)

**DIVISION OF COMMUNICABLE & ENVIRONMENTAL DISEASES  
& EMERGENCY PREPAREDNESS (CEDEP)**





Tennessee Department of Health  
as of August 2017

PEOPLE OF TENNESSEE

GOVERNOR  
BILL HASLAM

COMMISSIONER  
JOHN J DREYZEHNER, MD, MPH

COMMUNICATION &  
MEDIA RELATIONS (O)  
SHELLEY WALKER

COMPLIANCE (O)  
PHIL WILSON

GENERAL COUNSEL (O)  
JANE YOUNG, JD

HEALTH POLICY (O)  
ERIC HARKNESS

PRIMARY  
PREVENTION (O)  
LESLIE MEEHAN, AICP, MPA

CHIEF MEDICAL OFFICER  
DAVID REAGAN, MD, PhD

DEPUTY COMMISSIONER FOR  
POPULATION HEALTH  
MICHAEL WARREN, MD, MPH, FAAP

DEPUTY COMMISSIONER  
FOR OPERATIONS  
CARL MALLORY

CHIEF OF STAFF  
VALERIE NAGOSHINER, MBA

COMMUNICABLE ENVIRONMENTAL DISEASE  
& EMERGENCY PREPAREDNESS (D)  
TIM JONES, MD

COMMUNITY HEALTH  
SERVICES (D)  
LESLIE HUMPHREYS, MPA

HEALTH LICENSURE &  
REGULATION (D)  
MICHELLE LONG, JD

LABORATORY SERVICES (D)  
RICHARD STEECE, PhD

PUBLIC HEALTH INFORMATICS  
& ANALYTICS (O)  
MELISSA MCPHEETERS, PhD, MPH

QUALITY IMPROVEMENT (O)  
LORRAINE MACDONALD, MD

FAMILY HEALTH &  
WELLNESS (D)  
MORGAN McDONALD, MD

GRANT COORDINATION &  
STRATEGIC ALIGNMENT (O)  
LIESA JENKINS, MA, PMP

HEALTH DISPARITIES (D)  
MINORITY HEALTH—MONIQUE ANTHONY  
RURAL HEALTH—ANGIE ALLEN, BSMT, Med

POLICY, PLANNING  
& ASSESSMENT (D)  
LORI FERRANTI, PhD, MSN, MBA

STATE CHIEF MEDICAL EXAMINER (O)  
JULIA GOODIN, MD, MPA

ADMINISTRATIVE SERVICES (D)  
VINCENT PINKNEY, MBA

WORKFORCE SOLUTIONS  
& SERVICES (O)  
WENDY BARRICKMAN

INFORMATION TECHNOLOGY  
SERVICES (D)  
MIKE NEWMAN

HEALTH PLANNING (O)  
JEFF OCKERMAN, JD

LEGISLATIVE AFFAIRS (O)  
JEREMY DAVIS

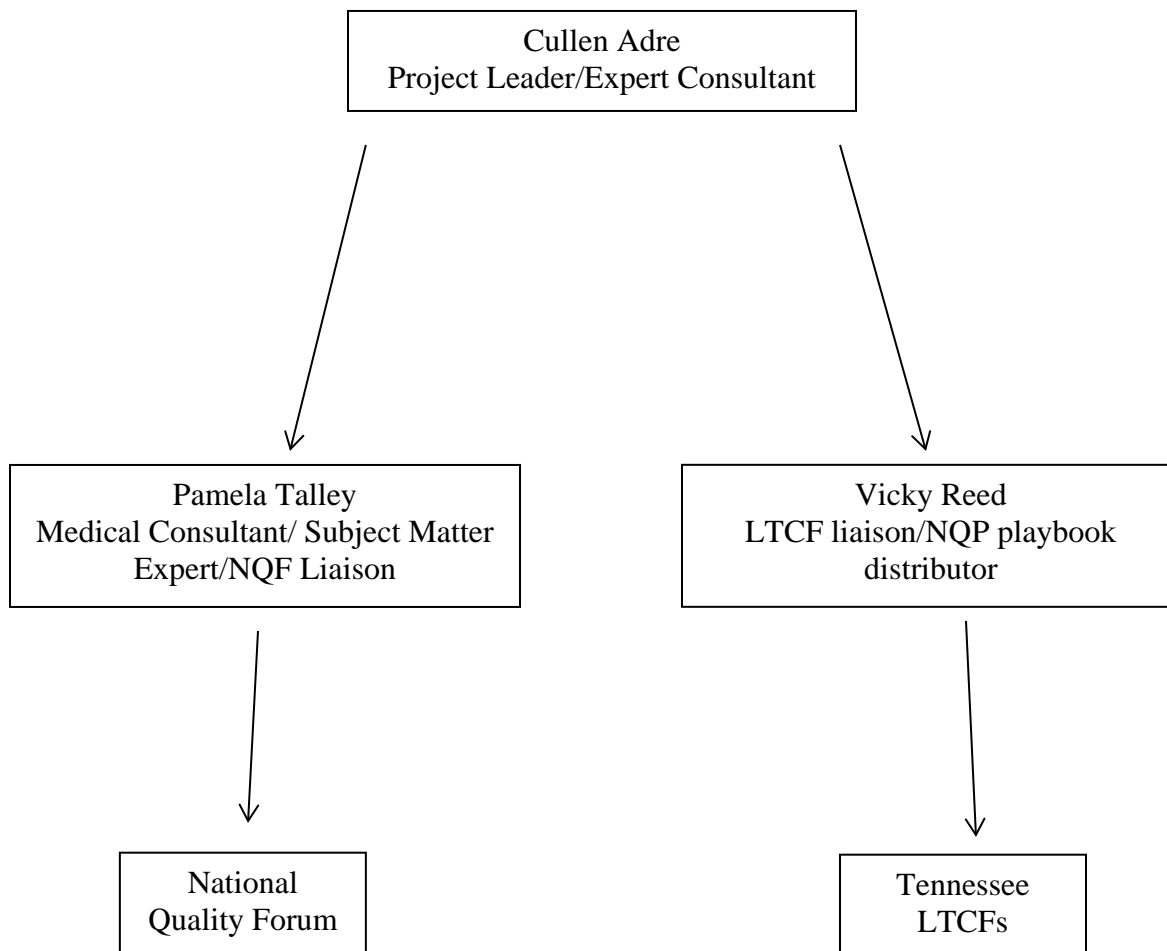
PATIENT CARE ADVOCACY (O)  
SALLY PITT

PUBLIC HEALTH COMPETENCY  
COORDINATOR (O)  
VACANT

Divisions (D) consist of multiple offices or sections and multiple programs

Offices (O) and sections may consist of multiple programs and are designated "office" or "section" based on historical usage

**Organizational Chart:**



## Civil Monetary Penalty Project Proposal Abstract

The Tennessee Department of Health (TDH) Healthcare Associated Infections and Antimicrobial Resistance group respectfully requests a grant of \$21,125 for a 14 month membership to the National Quality Forum which will allow us to purchase 500 discounted digital copies of the recently published National Quality Partners Playbook: Antibiotic Stewardship in Post-Acute and Long-Term Care.

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Recently the National Quality Forum (NQF) published a resource titled "National Quality Partners Playbook for Antibiotic Stewardship in Post-Acute and Long-Term Care." The purpose of this playbook is to assist facilities in implementing a comprehensive antibiotic stewardship program that meets the requirements from CMS. The book was compiled with input from over 50 key experts and offers practical strategies and useful resources for implementing high-quality antibiotic stewardship programs in long-term care facilities nationwide. This playbook comes after the success and great reception of the playbook for the acute care setting. Unlike the playbook for acute care which was free, the LTC version costs \$80 per copy without a membership discount. More information on the long-term care playbook can be found here: <https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-antibiotic-stewardship-in-post-acute-and-long-term-care-1>.

If funded, TDH HAI/AR group will secure a 14 month membership to the National Quality Forum, with access to variety of tools and resources as well as a member discount to purchase the playbooks. There are currently 315 facilities in the state of Tennessee; TDH proposes to purchase 500 playbooks to distribute digitally to consultant pharmacists and medical directors or stewardship champions amongst facilities statewide. These key members of long term care facilities will be responsible for implementing interventions from the NQP Playbook to address



their programs' specific areas for improvement. In order for facilities to receive playbooks they will be required to complete surveys evaluating their stewardship program and practices before and after they receive the playbook **and** engage in one of the various prevention opportunities offered by the TDH HAI/AR group. Prevention opportunities include, but are not limited to: tracking of antibiotic use via the TDH antibiotic point prevalence survey, speaking engagements targeting LTC medical providers, and technical assistance for NHSN enrollment and assistance with long term care definitions. All programmatic costs, including staff time and other project activities are fully funded by other federal cooperative agreements. This request for funding is for the 14 month membership and the playbooks themselves. The playbook, in combination with TDH's guidance will provide guidance and tools for establishing or strengthening antimicrobial stewardship programs. The timeframe of the project will be over the course of one year where their stewardship program will be evaluated before access to the playbook, utilizing a REDCap survey (see survey attachment) to evaluate the current state and needs of their program. One year later, facilities will retake the survey to show how the playbook has helped them to establish or improve their stewardship program. TDH will provide an aggregate of baseline data and display change over time. Based on facility results, TDH will work closely in assisting with interventions and provide additional guidance as needed for successful implementation. With funding through CMP, facilities across the state of Tennessee will be able to utilize this resource to improve the quality of life/quality of care of nursing home residents and allow facilities to meet regulations established by CMS.

### **Project Title Information**

The Tennessee Department of Health (TDH) Healthcare Associated Infections and Antimicrobial Resistance (HAI/AR) group respectfully requests a grant of \$21,125 for a 14 month membership to the National Quality Forum which will allow us to purchase 500 discounted digital copies of the recently published National Quality Partners Playbook: Antibiotic Stewardship in Post-Acute and Long-Term Care. This project will be called the "National Quality Partners Playbook Initiative."

### **Statement of Need**

According to the Centers for Disease Control and Prevention, up to 70% of residents in long-term care facilities receive an antibiotic each year. A significant proportion of these are unnecessary and up to 75% are prescribed inappropriately. Unnecessary prescribing, for asymptomatic bacteriuria for example, not only leads to patient harms including adverse medication reactions and *Clostridium difficile* infections but also increases the prevalence of difficult to treat antibiotic-resistant infections. These infections can be spread between residents and lead to hospitalizations and significant morbidity and mortality. The CDC recommends adoption of the 7 core elements for antibiotic stewardship in nursing homes to optimize antibiotic prescribing and decrease morbidity associated with poor prescribing. The Centers for Medicare and Medicaid Services (CMS) conditions of participation now require facilities to have an antibiotic stewardship program that includes antibiotic use protocols and a system for monitoring antibiotic use. The current CMS website offers a toolkit from the Agency for Healthcare Research and Quality (AHRQ) and a link to CDC's Core Elements of Antibiotic Stewardship for

Nursing Homes (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html>). *The NQF Playbook is not meant to substitute other resources but rather be used in conjunction with currently available resources. The AHRQ toolkits address specific disease states, such as utilizing UTI SBAR forms, whereas the CDC Core Elements book is purposely broad to be all encompassing, without offering practical guidance as to how to meet these elements. The playbook offers specific interventions based on resource intensity, identifies barriers and solutions to meeting these core elements, and offers real case studies to show how interventions were implemented. Additionally there are sections showcasing different measurement approaches, calls to action, as well as links to additional resources (which includes the AHRQ toolkits).*

These programs are evaluated based on the 7 core elements: leadership, accountability, drug expertise, action, tracking, reporting, and education. Based on unpublished Infection Control Assessment and Response programs (ICARs) done by our staff at 37 Tennessee LTC facilities, less than 14% of facilities who participated in the ICARs had programs that met all 7 core elements. This research highlights the need for proven resources from a trusted source to improve stewardship programs that not only meet CMS requirements but optimizes antimicrobial prescribing for residents of Tennessee long-term care facilities.

There are potential barriers to the success of this project. Our experience to date working with post-acute care facilities in Tennessee makes us aware of the challenges many facilities have with staff responsible for multiple quality and safety improvement projects. The requirement for assigning personnel dedicated to antimicrobial stewardship through the CMS conditions of participation helps ensure that this is an area that is being taken seriously by Tennessee facilities. To date, the dedicated staff members often lack specific training in antimicrobial stewardship. Our experience has been that they welcome direction, resources and technical assistance. Participating facilities will be targeted for program improvements based on the robustness of their antibiotic stewardship programs at baseline with options available at the beginning, intermediate and more advanced levels. Staff turnover may also be a barrier to improvement but we have dedicated staff to available to re-orient new staff and encourage reengagement with the various HAI/AR prevention programs, including continued improvement of their stewardship programs. We anticipate that involvement of the consulting pharmacy as compared to the medical director will vary from facility to facility but can adapt our approach based on the skills and enthusiasm of those varied stakeholders.

### **Project Description**

If funded, TDH HAI/AR group will secure a 14 month membership to the National Quality Forum, a United States-based non-profit membership organization that promotes patient protections and healthcare quality through measurement and public reporting. Membership will provide access to a variety of tools and resources as well as a member discount to purchase discounted digital copies of the NQP playbook. This membership would begin once funded. There are currently 315 facilities in the state of Tennessee; TDH proposes to purchase 500

playbooks to distribute digitally to consultant pharmacists and medical directors or stewardship champions amongst facilities statewide. These key members of long term care facilities will be responsible for implementing interventions from the NQP Playbook to address their programs' specific areas for improvement. In order for facilities to receive playbooks they will be required to complete surveys evaluating their stewardship program and practices before and after they receive the playbook and engage in at least one of the various prevention opportunities offered by the TDH HAI/AR group. Prevention opportunities include, but are not limited to: tracking of antibiotics using the TDH antibiotic point prevalence survey with monthly reporting and quarterly data feedback, speaking engagements targeting LTC medical providers, and technical assistance with National Healthcare Safety Network (NHSN) enrollment and improved NHSN *C. difficile* data quality through assistance with long term care NHSN definitions. All programmatic costs for the various prevention initiatives, including staff time and other project activities are fully funded by other federal cooperative agreements. This request for funding is for the 14 month membership and the playbooks themselves. The playbook, in combination with TDH's guidance will provide guidance and tools for establishing or strengthening antimicrobial stewardship programs. The timeframe of the project will be over the course of one year where the stewardship programs will be evaluated at baseline, utilizing a REDCap survey (see survey attachment) to evaluate the current state and needs of their program. One year later, after incorporating antibiotic stewardship core elements as suggested in the NQP Playbook, facilities will retake the survey to show progress within their stewardship program. TDH will provide an aggregate of baseline data and display change over time. Based on facility results, TDH will work closely in assisting with interventions and provide additional guidance as needed for successful implementation. With funding through CMP, facilities across the state of Tennessee will be able to utilize this resource to improve the quality of life/quality of care of nursing home residents and allow facilities to meet regulations established by CMS.

### **Results Measurement**

If funded, TDH will secure membership to the National Quality Forum; this process takes 2-3 weeks. Once membership is secured, 500 electronic NQP playbooks will be ordered using the membership bulk discount. Facilities who fulfill the minimum criteria will receive NQP playbook for download on a first come first serve basis. The last step before a facility receives their electronic copy of the NQP playbook is they must fill out a REDCap survey (see attached) evaluating their program's current state and needs which is based on the NHSN annual long term care facility survey. The timeframe of the project will be over the course of the 12 months after engagement where TDH will offer guidance and tools for improving their programs in combination with the playbooks. Expert consultation and evaluation via phone, email, and in person will be available to facilities. Once 12 months has been reached facilities will retake the survey to show their respective programs' progress. TDH will produce an aggregate of baseline data and analyze and display change over time. Based on facility results, TDH will work closely

in assisting with interventions and provide additional guidance as needed for successful implementation.

### **Benefits to Nursing Home Residents**

Access to the NQP playbooks will allow LTCFs across the state to start and/or improve their antimicrobial stewardship programs to promote optimal antimicrobial practices. Up to 70% of residents in long-term care facilities receive an antibiotic each year with-up to 75% of those prescribed inappropriately. It is the inappropriately prescribed antibiotics that are cause for concern. For example, unnecessary prescribing for asymptomatic bacteriuria, not only leads to patient harms including adverse medication reaction and *Clostridium difficile* infections but also increases the prevalence of difficult to treat antibiotic-resistant infections. These infections can be spread between residents and lead to hospitalizations and significant morbidity and mortality. The NQP playbook will provide LTCFs with the proper tools and resources along with TDH guidance to promote optimal antibiotic practices thus decreasing and preventing adverse medication related events and decreasing the prevalence of antibiotic resistance.

### **Consumer/Stakeholder Involvement**

LTCFs across Tennessee will have a designated antibiotic stewardship champion such as medical directors, consultant pharmacists, directors of nursing, etc. This champion, in consultation with other involved colleagues, will be responsible for filling out the stewardship program evaluation in REDCap before and after receiving the NQP playbooks as well as meeting the minimum criteria to be eligible for a NQP playbook. In addition, once feedback from TDH has been received on the current state and needs of their program, achievable suggestions for implementing strategies from the NQP playbook to address their program needs. TDH will analyze responses and report facility level and collaborative-wide feedback to the facilities' stewardship champions as well as provide assistance with implementing appropriate and achievable interventions.